

FORM B1 United States Bankruptcy Court Northern District of Illinois		Voluntary Petition																
Name of Debtor (if individual, enter Last, First, Middle): Tormodsen, Raymond E.		Name of Joint Debtor (Spouse)(Last, First, Middle): DeBehnke, Lorie I.																
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):																
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): 1648		Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): 1003																
Street Address of Debtor (No. & Street, City, State & Zip Code): 5148 N. Monitor Chicago, Illinois 60630		Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 5148 N. Monitor Chicago, Illinois 60630																
County of Residence or of the Principal Place of Business: COOK		County of Residence or of the Principal Place of Business: COOK																
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):																
Location of Principal Assets of Business Debtor (if different from street address above):																		
Information Regarding the Debtor (Check the Applicable Boxes)																		
Venue (Check any applicable box)																		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.																		
Type of Debtor (Check all boxes that apply)		Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box)																
<input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____ <input type="checkbox"/> Clearing Bank		<input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding																
Nature of Debts (Check one box)		Filing Fee (Check one box)																
<input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business		<input checked="" type="checkbox"/> Full Filing Fee Attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.																
Chapter 11 Small Business (Check all boxes that apply)																		
<input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)																		
Statistical/Administrative Information (Estimates only)		THIS SPACE IS FOR COURT USE ONLY																
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																		
Estimated Number of Creditors <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">1-15</td> <td style="text-align: center;">16-49</td> <td style="text-align: center;">50-99</td> <td style="text-align: center;">100-199</td> <td style="text-align: center;">200-999</td> <td style="text-align: center;">1000-over</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		1-15	16-49	50-99	100-199	200-999	1000-over	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
1-15	16-49	50-99	100-199	200-999	1000-over													
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>													
Estimated Assets <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">\$0 to \$50,000</td> <td style="text-align: center;">\$50,001 to \$100,000</td> <td style="text-align: center;">\$100,001 to \$500,000</td> <td style="text-align: center;">\$500,001 to \$1 million</td> <td style="text-align: center;">\$1,000,001 to \$10 million</td> <td style="text-align: center;">\$10,000,001 to \$50 million</td> <td style="text-align: center;">\$50,000,001 to \$100 million</td> <td style="text-align: center;">More than \$100 million</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
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\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million											
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Raymond E. Tormodsen, Lorie I. DeBehnke	
Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)			
Location Where Filed: NONE	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Signatures			
Signature(s) of Debtor(s) (Individual/Joint)		Exhibit A	
<p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p>		<p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	
<u>X</u> <u>s/ Raymond E. Tormodsen</u> <small>Signature of Debtor</small>		Exhibit B <small>(To be completed if debtor is an individual whose debts are primarily consumer debts)</small>	
<u>X</u> <u>s/ Lorie I. DeBehnke</u> <small>Signature of Joint Debtor</small>		<p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.</p>	
<u>04/13/2005</u> <small>Date</small>		<u>04/13/2005</u> <small>Signature of Attorney for Debtor(s) Date</small>	
Signature of Attorney		Exhibit C	
<u>X</u> <small>Signature of Attorney for Debtor(s)</small>		<p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No</p>	
<u>Jill Rose Quinn, 06184392</u> <small>Printed Name of Attorney for Debtor(s) / Bar No.</small>		Signature of Non-Attorney Petition Preparer	
<u>Law Offices of Jill Rose Quinn</u> <small>Firm Name</small>		<p>I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.</p>	
<u>4825 North Mason Avenue, #104-105 Chicago, Illinois 60630</u> <small>Address</small>		Not Applicable	
<u>(773) 777-9277</u> <small>Telephone Number</small>		<small>Printed Name of Bankruptcy Petition Preparer</small>	
<u>04/13/2005</u> <small>Date</small>		<u>Social Security Number (Required by 11 U.S.C. § 110(c).)</u> <small>Address</small>	
Signature of Debtor (Corporation/Partnership)		<small>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:</small>	
<p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p>		<small>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</small>	
<u>X</u> <u>Not Applicable</u> <small>Signature of Authorized Individual</small>		<u>X</u> <u>Not Applicable</u> <small>Signature of Bankruptcy Petition Preparer</small>	
<small>Printed Name of Authorized Individual</small>		<small>Date</small>	
<small>Title of Authorized Individual</small>		<small>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</small>	
<small>Date</small>			

FORM B6A

(6/90)

In re: Raymond E. Tormodsen

Lorie I. DeBehnke

Case No. _____

Debtor

(If known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
		Total ➤		0.00

(Report also on Summary of Schedules.)

In re Raymond E. Tormodsen
Debtor

Lorie I. DeBehnke

Case No.

(If known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand		Pocket money		80.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		TCF Bank checking account		75.00
		VAMCO CREDIT UNION- CHECKING ACCT. DES PLAINES, IL.		100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		COMPUTER, TELEVISION, STEREO, & VCR	J	200.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		BOOKS, PICTURES, CD'S, TAPES	J	50.00
6. Wearing apparel.		CLOTHES	J	25.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Itemize.		MCI 401K	W	5,000.00
		MCI PENSION	W	12,379.00
12. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			

In re **Raymond E. Tormodsen**

Debtor

Lorie I. DeBehnke

Case No.

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
13. Interests in partnerships or joint ventures. Itemize.	X			
14. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
15. Accounts receivable.	X			
16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
17. Other liquidated debts owing debtor including tax refunds. Give particulars.		2004 Income tax refund	J	1,000.00
18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
19. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
20. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		Causes of Action, Case No. 03 L 502; amount unknown		0.00
21. Patents, copyrights, and other intellectual property. Give particulars.	X			
22. Licenses, franchises, and other general intangibles. Give particulars.	X			
23. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
24. Boats, motors, and accessories.	X			
25. Aircraft and accessories.	X			
26. Office equipment, furnishings, and supplies.	X			

In re **Raymond E. Tormodsen**
Debtor

Lorie I. DeBehnke

Case No.

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
27. Machinery, fixtures, equipment and supplies used in business.	X			
28. Inventory.	X			
29. Animals.	X			
30. Crops - growing or harvested. Give particulars.	X			
31. Farming equipment and implements.	X			
32. Farm supplies, chemicals, and feed.	X			
33. Other personal property of any kind not already listed. Itemize.	X			
<u>2</u> continuation sheets attached				Total ➤ \$ 18,909.00

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re Raymond E. Tormodsen

Lorie I. DeBehnke

, Case No. _____

Debtor.

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemption to which debtor is entitled under:

(Check one box)

11 U.S.C. § 522(b)(1) Exemptions provided in 11 U.S.C. § 522(d). **Note: These exemptions are available only in certain states.**

11 U.S.C. § 522(b)(2) Exemptions available under applicable nonbankruptcy federal laws, state or local law where the debtor's domicile has been located for the 180 days immediately preceding the filing of the petition, or for a longer portion of the 180-day period than in any other place, and the debtor's interest as a tenant by the entirety or joint tenant to the extent the interest is exempt from process under applicable nonbankruptcy law.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT MARKET VALUE OF PROPERTY, WITHOUT DEDUCTING EXEMPTIONS
2004 Income tax refund	735 ILCS 5/12-1001(b)	1,000.00	1,000.00
BOOKS, PICTURES, CD'S, TAPES	735 ILCS 5/12-1001(b)	50.00	50.00
Causes of Action, Case No. 03 L 502; amount unknown	735 ILCS 5/12-1001(h)(2)	7,500.00	0.00
CLOTHES	735 ILCS 5/12-1001(a),(e)	0.00	25.00
COMPUTER, TELEVISION, STEREO, & VCR	735 ILCS 5/12-1001(b)	200.00	200.00
MCI 401K	735 ILCS 5/12-1006	0.00	5,000.00
MCI PENSION	735 ILCS 5/12-1006	0.00	12,379.00
Pocket money	735 ILCS 5/12-1001(b)	80.00	80.00
TCF Bank checking account	735 ILCS 5/12-1001(b)	75.00	75.00
VAMCO CREDIT UNION-CHECKING ACCT. DES PLAINES, IL.	735 ILCS 5/12-1001(b)	100.00	100.00

In re: **Raymond E. Tormodsen**

Lorie I. DeBehnke

Debtor

Case No.

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 338-52-1003	W	Pension plan VALUE \$12,379.13				3,352.45	0.00
MCI 401 K plan c/o Merrill Lynch Benefits Administration e 1-2 22001 Loudon County Parkway Ashburn, VA 20147							

0 Continuation sheets attached

Subtotal
(Total of this page)
Total
(Use only on last page)

\$3,352.45
\$3,352.45

(Report total also on Summary of Schedules)

In re Raymond E. Tormodsen

Lorie I. DeBehnke

Debtor

Case No.

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,925* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(3).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

Deposits by individuals

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

Alimony, Maintenance, or Support

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

Other Priority Debts

* Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Form B6E - Cont.
(04/04)

In re

Raymond E. Tormodsen

Debtor

Lorie I. DeBehnke

Case No.

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
ACCOUNT NO.								

Sheet no. 1 of 1 sheets attached to Schedule of Creditors Holding Priority Claims

Subtotal (Total of this page)	➤	\$0.00
Total (Use only on last page of the completed Schedule E.)	➤	\$0.00

(Report total also on Summary of Schedules)

In re Raymond E. Tormodsen
Debtor

Lorie I. DeBehnke

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 03859279	H	Attorney fees on custody case				2,593.00
American General Finance 3133 N. Central Avenue Chicago, IL 60634						
ACCOUNT NO. 581853	W	Medical expense				103.82
Anatoly Arber MD c/o Certified Services, Inc. P.O. Box 177 Waukegan, IL 60079-0177						
ACCOUNT NO. 4351810000005396	H	Owed back rent				5,000.00
Aspire Visa P.O. Box 23007 Columbus, GA 31902-3007						
ACCOUNT NO. 4319041030015459	W	Credit card purchases				1,291.56
Bank of America c/o Penncro Associates, Inc. 95 James Way, Ste. 113 Southampton, PA 18966-3847						
		Credit card purchases				1,849.90

6 Continuation sheets attached

Subtotal >	
Total >	\$10,838.28

In re Raymond E. Tormodsen
Debtor

Lorie I. DeBehnke

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5291151444373896		H					842.69
Capital One c/o Risk Management Alternatives 880 Grier Drive Las Vegas, NV 89119			Miscellaneous purchases				
ACCOUNT NO. 5178052169017502		H					4,081.63
Capital One c/o OSI Collection Services, Inc P.O. Box 550690 Jacksonville, FL 32255-0690			Miscellaneous purchases				
ACCOUNT NO. 4388641525820820		W					1,017.29
Capital One c/o Risk Management Alternative 7324 SW Freeway, Ste. 1200 Houston, TX 77074			Miscellaneous purchases				
ACCOUNT NO. 5291071499924064		H					285.06
Capital One c/o NCO Financial Systems, Inc P.O. Box 7590, Deot. 64 Hampton, VA 23666			Miscellaneous purchases				
ACCOUNT NO. 5570091780964944		H					520.90
Capital One c/o Allied Interstate 300 Corporate Exchange Dr., 5th Flr Columbus, OH 43231			Miscellaneous purchases				

Sheet no. 1 of 6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority
Claims

Subtotal
(Total of this page)

\$6,747.57

Total

(Use only on last page of the completed Schedule F.)

In re Raymond E. Tormodsen
Debtor

Lorie I. DeBehnke

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5291071548163714		W	Miscellaneous purchases				647.01
Capital One c/o Allied Interstate 3000 Corporate Exchange Dr., 5th Fl Columbus, OH 43231							
ACCOUNT NO. 5770912115292043		W	Miscellaneous purchases				1,667.92
Cardholder Management Services, LLC c/o Enhanced Recovery Corp. 8014 Bayberry Road. Jacksonville, FL. 32256							
ACCOUNT NO. 5424180328894396		W	Miscellaneous purchases				6,954.34
Citi Cards c/o United Recovery Systems, LP P.O. Box 722910 Houston, TX 77272-2910							
ACCOUNT NO. 5424180145299829		J	Miscellaneous purchases				1,507.87
Citi Cards c/o Northland Group P.O. Box 390905 Edina, MN 55439							
ACCOUNT NO. 5424180233948634		H	Miscellaneous purchases				7,482.55
Citi Cards c/o Alliance One 1160 Centre Pointe Drive, Ste 1 Mendota Heights, MN 55120							

Sheet no. 2 of 6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority
Claims

Subtotal
(Total of this page) ➤

\$18,259.69

Total ➤

(Use only on last page of the completed Schedule F.)

In re Raymond E. Tormodsen
Debtor

Lorie I. DeBehnke

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 673306583055316		H					4,477.92
Citi Financial Services P.O. Box 222178 Charlotte, NC 28222-2178							
ACCOUNT NO. 5541514849		H	Credit card purchases				927.61
Citibank Amoco c/o LTD Financial Services 7322 Southwest Freeway, Ste. 1600 Houston, TX 77074							
ACCOUNT NO. 1388284		W	Medical expense				274.80
Diagnostic Imaging Assoc. Ltd. P.O. Box 4077 Northbrook, IL 60065-4077							
ACCOUNT NO. 1385566		H	Medical expense				301.00
Diagnostic Imaging Assoc. Ltd. P.O. Box 4077 Northbrook, IL 60065-4077							
ACCOUNT NO. W6164085-HC-ST510-99		H	Medical expense				54.16
DR. Purshotam Sawlani c/o I.C. System Inc. 444 Highway 96 East Box 64378 St. Paul, MN 55164-0378							

Sheet no. 3 of 6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority
Claims

Subtotal
(Total of this page) ➤

\$6,035.49

Total ➤

(Use only on last page of the completed Schedule F.)

In re Raymond E. Tormodsen
Debtor

Lorie I. DeBehnke

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5440450062581875		W					1,970.44
Household credit services c/o CCB Credit Services, Inc P.O. Box 272 Springfield, IL 62705-0272			Miscellaneous purchases				
ACCOUNT NO. 413397001350173		W					5,189.91
Household Finance P.O. Box 17574 Baltimore, MD 21297-1574			Auto repair, vacation				
ACCOUNT NO. 412224-17-177939-8		H					4,116.01
Household Finance P.O. Box 17574 Baltimore, MD 21297-1574			Line of credit, miscellaneous purchases				
ACCOUNT NO. 4465610300935018		H					6,162.43
Providian P.O. Box 660487 Dalla, TX 75266-0487			Miscellaneous purchases				
ACCOUNT NO. 7591495		W					257.85
Ressurection Medical Center c/o Illinois Collection Service Inc P.O. Box 646 Oaklawn, IL 60454-0646			Medical expense				

Sheet no. 4 of 6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority
Claims

Subtotal
(Total of this page)

\$17,696.64

Total

(Use only on last page of the completed Schedule F.)

In re Raymond E. Tormodsen
Debtor

Lorie I. DeBehnke

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0404000728		H	medical expense				255.70
Resurrection Medical Center c/o Revenue Production Management P.O. Box 830913 Birmingham, AL 35283-0913							
ACCOUNT NO. 56002731003		W	Medical expense				854.50
Rush University Medical Center c/o Medical Recovery Specialists 2200 East Devon Ave., Ste. 288 Des Plaines, IL 60018-4519							
ACCOUNT NO. 56002731002		W	Medical expense				482.50
Rush University Medical Center c/o Computer Credit, Inc. 640 West Fourth St. Winston Salem, NC 27113-5238							
ACCOUNT NO. 56002731001		W	Medical expense				1,034.00
Rush University Medical center c/o Harvard Collection Services 4839 N. Elston Avenue Chicago, IL 60630-2534							
ACCOUNT NO. E00009710896		W	Medical expense				215.50
Saint Elizabeth Hospital c/o Malcolm S. Gerald & Assoc., Inc 332 South Michigan Ave., Ste. 600 Chicago, IL 60604							

Sheet no. 5 of 6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority
Claims

Subtotal
(Total of this page) ➤

\$2,842.20

Total ➤

(Use only on last page of the completed Schedule F.)

In re Raymond E. Tormodsen
Debtor

Lorie I. DeBehnke

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5121071822294991		W	Miscellaneous purchases				3,357.29
Sears c/o Academy Collection Service, Inc 10965 Decatur Road Philadelphia, PA 19154-3210							
ACCOUNT NO. 187734		W	Medical expense				172.00
University Rheumatologists 300 S. Ashland Ave., Ste. 104 Chicago, IL 60607-2746							
ACCOUNT NO. 58983868		H					838.00
Wells Fargo Financial P.O. Box 98798 Las Vegas, NV 89193-8798							

Sheet no. 6 of 6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority
Claims

Subtotal
(Total of this page) ➤

\$4,367.29

Total ➤

\$66,787.16

(Use only on last page of the completed Schedule F.)

(Report also on Summary of Schedules)

Jill Rose Quinn 06184392
Law Offices of Jill Rose Quinn
4825 North Mason Avenue, #104-105
Chicago, Illinois 60630

(773) 777-9277
Attorney for the Petitioner(s)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In Re:

Debtor: **Raymond E. Tormodsen**
Social Security Number: **1648**

Case No:

Chapter **7**

Joint Debtor: **Lorie I. DeBehnke**
Social Security Number: **1003**

Numbered Listing of Creditors

	Creditor name and mailing address	Category of Claim	Amount of Claim
1.	American General Finance 3133 N. Central Avenue Chicago, IL 60634	Unsecured Claims	\$ 2,593.00
2.	Anatoly Arber MD c/o Certified Services, Inc. P.O. Box 177 Waukegan, IL 60079-0177	Unsecured Claims	\$ 103.82
3.	Arnold Austria 720 Celebration Ave., Ste. 120 Celebration, FL 34747	Unsecured Claims	\$ 5,000.00
4.	Aspire Visa P.O. Box 23007 Columbus, GA 31902-3007	Unsecured Claims	\$ 1,291.56
5.	Bank of America c/o Penncro Associates, Inc. 95 James Way, Ste. 113 Southampton, PA 18966-3847	Unsecured Claims	\$ 1,849.90

In re: **Raymond E. Tormodsen**
Lorie I. DeBehnke

Case No. _____

6.	Capital One c/o Allied Interstate 300 Corporate Exchange Dr., 5th Flr Columbus, OH 43231	Unsecured Claims	\$ 520.90
7.	Capital One c/o Risk Management Alternatives 880 Grier Drive Las Vegas, NV 89119	Unsecured Claims	\$ 842.69
8.	Capital One c/o NCO Financial Systems, Inc P.O. Box 7590, Deot. 64 Hampton, VA 23666	Unsecured Claims	\$ 285.06
9.	Capital One c/o OSI Collection Services, Inc P.O. Box 550690 Jacksonville, FL 32255-0690	Unsecured Claims	\$ 4,081.63
10.	Capital One c/o Risk Management Alternative 7324 SW Freeway, Ste. 1200 Houston, TX 77074	Unsecured Claims	\$ 1,017.29
11.	Capital One c/o Allied Interstate 3000 Corporate Exchange Dr., 5th Fl Columbus, OH 43231	Unsecured Claims	\$ 647.01
12.	Cardholder Management Services, LLC c/o Enhanced Recovery Corp. 8014 Bayberry Road. Jacksonville, FL. 32256	Unsecured Claims	\$ 1,667.92
13.	Citi Cards c/o Northland Group P.O. Box 390905 Edina, MN 55439	Unsecured Claims	\$ 1,507.87
14.	Citi Cards c/o Alliance One 1160 Centre Pointe Drive, Ste 1 Mendota Heights, MN 55120	Unsecured Claims	\$ 7,482.55

In re: **Raymond E. Tormodsen**
Lorie I. DeBehnke

Case No. _____

15 .	Citi Cards c/o United Recovery Systems, LP P.O. Box 722910 Houston, TX 77272-2910	Unsecured Claims	\$ 6,954.34
16 .	Citi Financial Services P.O. Box 222178 Charlotte, NC 28222-2178	Unsecured Claims	\$ 4,477.92
17 .	Citibank Amoco c/o LTD Financial Services 7322 Southwest Freeway, Ste. 1600 Houston, TX 77074	Unsecured Claims	\$ 927.61
18 .	Diagnostic Imaging Assoc. Ltd. P.O. Box 4077 Northbrook, IL 60065-4077	Unsecured Claims	\$ 274.80
19 .	Diagnostic Imaging Assoc. Ltd. P.O. Box 4077 Northbrook, IL 60065-4077	Unsecured Claims	\$ 301.00
20 .	DR. Purshotam Sawlani c/o I.C. System Inc. 444 Highway 96 East Box 64378 St. Paul, MN 55164-0378	Unsecured Claims	\$ 54.16
21 .	Household credit services c/o CCB Credit Services, Inc P.O. Box 272 Springfield, IL 62705-0272	Unsecured Claims	\$ 1,970.44
22 .	Household Finance P.O. Box 17574 Baltimore, MD 21297-1574	Unsecured Claims	\$ 5,189.91
23 .	Household Finance P.O. Box 17574 Baltimore, MD 21297-1574	Unsecured Claims	\$ 4,116.01

In re: **Raymond E. Tormodsen**
Lorie I. DeBehnke

Case No. _____

24 .	MCI 401 K plan c/o Merrill Lynch Benefits Administration e 1-2 22001 Loudon County Parkway Ashburn, VA 20147	Secured Claims	\$ 3,352.45
25 .	Providian P.O. Box 660487 Dalla, TX 75266-0487	Unsecured Claims	\$ 6,162.43
26 .	Ressurection Medical Center c/o Illinois Collection Service Inc P.O. Box 646 Oaklawn, IL 60454-0646	Unsecured Claims	\$ 257.85
27 .	Resurrection Medical Center c/o Revenue Production Management P.O. Box 830913 Birmingham, AL 35283-0913	Unsecured Claims	\$ 255.70
28 .	Rush University Medical Center c/o Medical Recovery Specialists 2200 East Devon Ave., Ste. 288 Des Plaines, IL 60018-4519	Unsecured Claims	\$ 854.50
29 .	Rush University Medical Center c/o Computer Credit, Inc. 640 West Fourth St. Winston Salem, NC 27113-5238	Unsecured Claims	\$ 482.50
30 .	Rush University Medical center c/o Harvard Collection Services 4839 N. Elston Avenue Chicago, IL 60630-2534	Unsecured Claims	\$ 1,034.00
31 .	Saint Elizabeth Hospital c/o Malcolm S. Gerald & Assoc., Inc 332 South Michigan Ave., Ste. 600 Chicago, IL 60604	Unsecured Claims	\$ 215.50
32 .	Sears c/o Academy Collection Service, Inc 10965 Decatur Road Philadelphia, PA 19154-3210	Unsecured Claims	\$ 3,357.29

In re: **Raymond E. Tormodsen**
Lorie I. DeBehnke

Case No. _____

33 .	University Rheumatologists 300 S. Ashland Ave., Ste. 104 Chicago, IL 60607-2746	Unsecured Claims	\$ 172.00
34 .	Wells Fargo Financial P.O. Box 98798 Las Vegas, NV 89193-8798	Unsecured Claims	\$ 838.00

In re: **Raymond E. Tormodsen**
Lorie I. DeBehnke

Case No. _____

(The penalty for making a false statement or concealing property is a fine up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. secs. 152 and 3571.)

DECLARATION

I, **Raymond E. Tormodsen**, and I, **Lorie I. DeBehnke**, named as debtors in this case, declare under penalty of perjury that we have read the foregoing Numbered Listing of Creditors, consisting of **5 sheets** (not including this declaration), and that it is true and correct to the best of our information and belief.

Signature: **s/ Raymond E. Tormodsen**
Raymond E. Tormodsen

Dated: **04/13/2005**

Signature: **s/ Lorie I. DeBehnke**
Lorie I. DeBehnke

Dated: **04/13/2005**

In re: Raymond E. Tormodsen

Lorie I. DeBehnke

Case No.

Debtor

(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

In re: Raymond E. Tormodsen

Debtor

Lorie I. DeBehnke

Case No. _____

(If known)

SCHEDULE H - CODEBTORS

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
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Form B6I
(12/03)

In re **Raymond E. Tormodsen** **Lorie I. DeBehnke**

Debtor

, Case No.

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Debtor's Marital Status: Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP	
Employment:	DEBTOR	SPOUSE
Occupation	Printer	N/A
Name of Employer	Precision Works	
How long employed	Since 1983	
Address of Employer	4856 W. Diversey Chicago, IL. 60639	

Income: (Estimate of average monthly income)	DEBTOR	SPOUSE
Current monthly gross wages, salary, and commissions (pro rate if not paid monthly.)	\$ 2,680.00	\$ 0.00
Estimated monthly overtime	\$ 0.00	\$ 0.00
SUBTOTAL	\$ 2,680.00	\$ 0.00
LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ 524.84	\$ 0.00
b. Insurance	\$ 57.96	\$ 0.00
c. Union dues	\$ 0.00	\$ 0.00
d. Other (Specify) _____	\$ 0.00	\$ 0.00
SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 582.80	\$ 0.00
TOTAL NET MONTHLY TAKE HOME PAY	\$ 2,097.20	\$ 0.00
Regular income from operation of business or profession or farm (attach detailed statement)	\$ 0.00	\$ 0.00
Income from real property	\$ 0.00	\$ 0.00
Interest and dividends	\$ 0.00	\$ 0.00
Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.	\$ 0.00	\$ 0.00
Social security or other government assistance (Specify) _____	\$ 0.00	\$ 0.00
Pension or retirement income	\$ 0.00	\$ 0.00
Other monthly income (Specify) _____	\$ 0.00	\$ 0.00
TOTAL MONTHLY INCOME	\$ 2,097.20	\$ 0.00

TOTAL COMBINED MONTHLY INCOME **\$ 2,097.20** (Report also on Summary of Schedules)

Describe any increase or decrease of more than 10% in any of the above categories anticipated to occur within the year following
the filing of this document: **NONE**

Form B6J
(6/90)

In re **Raymond E. Tormodsen** **Lorie I. DeBehnke**

Case No. _____

Debtor

(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse".

Rent or home mortgage payment (include lot rented for mobile home)	\$	862.00
Are real estate taxes included? Yes _____	No	✓
Is property insurance included? Yes _____	No	✓
Utilities Electricity and heating fuel	\$	120.00
Water and sewer	\$	0.00
Telephone	\$	48.00
Other Cable	\$	80.00
Internet	\$	28.00
Home maintenance (repairs and upkeep)	\$	25.00
Food	\$	270.00
Clothing	\$	50.00
Laundry and dry cleaning	\$	100.00
Medical and dental expenses	\$	200.00
Transportation (not including car payments)	\$	100.00
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	75.00
Charitable contributions	\$	0.00
Insurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's	\$	0.00
Life	\$	0.00
Health	\$	0.00
Auto	\$	0.00
Other	\$	0.00
Taxes (not deducted from wages or included in home mortgage payments)		
(Specify)	\$	0.00
Installment payments: (In chapter 12 and 13 cases, do not list payments to be included in the plan)		
Auto	\$	0.00
Other	\$	0.00
Alimony, maintenance or support paid to others	\$	0.00
Payments for support of additional dependents not living at your home	\$	0.00
Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
Other	\$	0.00
TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)	\$	1,958.00
[FOR CHAPTER 12 AND 13 DEBTORS ONLY]		
Provide the information requested below, including whether plan payments are to be made bi-weekly, monthly, annually, or at some other regular interval.		
A. Total projected monthly income	\$	_____
B. Total projected monthly expenses	\$	_____
C. Excess income (A minus B)	\$	_____
D. Total amount to be paid into plan each	\$	_____
		(interval)

Form B6
(6/90)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Raymond E. Tormodsen**

Lorie I. DeBehnke

Case No.

Chapter **7**

SUMMARY OF SCHEDULES

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	NO	1	\$ 0.00		
B - Personal Property	YES	3	\$ 18,909.00		
C - Property Claimed as Exempt	NO	1			
D - Creditors Holding Secured Claims	NO	1		\$ 3,352.45	
E - Creditors Holding Unsecured Priority Claims	NO	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	7		\$ 66,787.16	
G - Executory Contracts and Unexpired Leases	NO	1			
H - Codebtors	NO	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 2,097.20
J - Current Expenditures of Individual Debtor(s)	YES	1			\$ 1,958.00
Total Number of sheets in ALL Schedules ➤		19			
Total Assets ➤			\$ 18,909.00		
				Total Liabilities ➤	\$ 70,139.61

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In re: **Raymond E. Tormodsen**
1648

Lorie I. DeBehnke
1003

Case No. _____
Chapter **7**

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
33,727.24	Income for spouse	2003
27,033.00	Income for debtor	2003
18,400.91	Income for spouse	2004
31,770.11	Income for debtor	2004
2,502.80	Income for debtor	2005

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD

3. Payments to creditors

None

a. List all payments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within **90 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING

b. List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None



a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Ann Loyise Medrano, Independent Executor of Estate of Edith Tormodsen v. Phillip Rosett MD, Associates in Surgery , Ltd., a corp., Ehab Shams, M.D., Nicholas Papanos, M.D., & Global Health Care, .S.C., a corp., Amritbhai Patel, M.D. 03 L 502	Wrongful death law suit	Circuit Court of Cook County Law Division	Pending

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None



NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
--	--------------------	---

5. Repossessions, foreclosures and returns

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
---	---	---

6. Assignments and receiverships

None



a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
---------------------------------	-----------------------	---

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None

NAME AND ADDRESS OF CUSTODIAN	NAME AND ADDRESS OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
----------------------------------	---	------------------	---

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	--------------------------------------	-----------------	-------------------------------------

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
Cash: \$225.00	Wallet stolen while on CTA bus, no insurance	08/31/2004

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
------------------------------	---	--

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
Jose Rodriguez 5025 W. Deming Place Chicago, Illinois	11/02/2004	1994 Cadillac (auto for parts), Value: \$300.00

11. Closed financial accounts

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
------------------------------------	--	--

12. Safe deposit boxes

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None



List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None



If the debtor has moved within the **two years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the **six-year period** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

None



a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NAME	TAXPAYER I.D. NUMBER	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None



NAME	ADDRESS
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* * * * *

[if completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 04/13/2005

Signature
of Debtor s/ Raymond E. Tormodsen
Raymond E. Tormodsen

Date 04/13/2005

Signature
of Joint
Debtor s/ Lorie I. DeBehnke
Lorie I. DeBehnke

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois**

In re: **Raymond E. Tormodsen**
1648

**Lorie I. DeBehnke
1003**

Case No. _____
Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

1. I have filed a schedule of assets and liabilities which includes consumer debts secured by property of the estate.
2. I intend to do the following with respect to the property of the estate which secures those consumer debts:
 - a. *Property To Be Surrendered.*

Description of Property

Creditor's Name

None

b. *Property To Be Retained.*

[Check any applicable statement.]

Description of Property	Creditor's Name	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)	Other
1. Pension plan	MCI 401 K plan				

Date: **04/13/2005**

s/ Raymond E. Tormodsen

Signature of Debtor

Date: 04/13/2005

s/ Lorie I. DeBehnke

Signature of Joint Debtor

Date: 04/13/2005 s/ Lorie I. DeBehnke
Signature of Joint Debtor

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In re: **Raymond E. Tormodsen**

Lorie I. DeBehnke

Case No.
Chapter

7

Debtors

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>1,710.00</u>
Prior to the filing of this statement I have received	\$ <u>1,710.00</u>
Balance Due	\$ <u>0.00</u>

2. The source of compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) [Other provisions as needed]

None

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

None

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 04/13/2005

Jill Rose Quinn, Bar No. 06184392

Law Offices of Jill Rose Quinn
Attorney for Debtor(s)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

Exhibit "C"

[If, to the best of the debtor's knowledge, the debtor owns or has possession of property that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety, attach this Exhibit "C" to the petition.]

In re: **Raymond E. Tormodsen**

Case No.:

Lorie I. DeBehnke

Chapter: **7**

Debtor(s)

Exhibit "C" to Voluntary Petition

1. Identify and briefly describe all real or personal property owned by or in possession of the debtor that, to the best of the debtor's knowledge, poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

2. With respect to each parcel of real property or item of personal property identified in question 1, describe the nature and location of the dangerous condition, whether environmental or otherwise, that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):

Official Form 6 - Cont .
(12/03)

In re: Raymond E. Tormodsen
Debtor

Lorie I. DeBehnke

Case No. _____
(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 20
(Total shown on summary page plus 1.)
sheets plus the summary page, and that they are true and correct to the best of my knowledge, information, and belief.

Date: 04/13/2005

Signature: s/ Raymond E. Tormodsen
Raymond E. Tormodsen

Date: 04/13/2005

Signature: s/ Lorie I. DeBehnke
Lorie I. DeBehnke

[If joint case, both spouses must sign]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)